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2006 AUG 10 A 7:23

August 1, 2006


Ms. Sylvia Butler, Administrative Officer  
Federal Elections Commission  
999 E Street, NW  
Washington, DC 20463

Dear Ms. Butler:

Enclosed please find the Statement of Organization for Leon Medical Centers, Inc. Political Action Committee. This committee will serve as a separate segregated fund, and the connected organization is Leon Medical Centers, Inc. This is the first time for us filing this type of paperwork, so if there is anything else that you need from us, please do not hesitate to contact me directly. I am currently serving as treasurer of this organization and will be able to answer any questions that might arise.

Thank you for your attention, and I look forward to hearing back from you soon. I can be contacted any time via telephone or email.

Sincerely,



Daniel Lopez  
Treasurer  
(305) 458-0885  
[dol@capitolgains.org](mailto:dol@capitolgains.org)

26039163410

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Leon Medical Centers Inc. PAC

LEON PAC

ADDRESS (number and street)

11501 Southwest 40 Street



(Check if address  
is changed)

Miami

FL

33165

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LEONPAC@LeonMedicalCenters.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

305-642-7378

2. DATE

08 / 01 / 2006

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Daniel Lopez

Signature of Treasurer

Date

08 / 01 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.
- (e) ☒ This committee is a separate segregated fund.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

Leon Medical Centers Inc

Mailing Address

11501 Southwest 40 Street

Miami

FL

33165

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Carlos Curbelo

Mailing Address

8770 Sunset Drive

#355

Miami

FL

33173

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

305-987-7685

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Daniel Lopez

Mailing Address

8770 Sunset Drive

#355

Miami

FL

33173

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

305-458-0886

Full Name of  
Designated  
Agent

Carlos Curbelo

Mailing Address

8770 Sunset Drive

#355

Miami

FL

33173

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

305-987-7685

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Ocean Bank

Mailing Address

780 Northwest 42 Avenue

Suite 501

Miami

FL

33126-5597

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
PREPARER  
(3/2005)

8/10/06  
DATE PREPARED

20039163415